

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13186</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Rocco</u> <u>Miranti</u> P.O. Box, Bldg., Room No., if any _____ Street <u>147 East 26th Street</u> City <u>New York</u> State <u>New York</u> ZIP Code + 4 <u>10010</u>	4. Name, file number, and address of labor organization. Name <u>Amalgamated Industrial Local 223</u> Labor Organization File Number <u>231-101</u> P.O. Box, Building and Room Number, if any _____ Street <u>147 East 26th Street</u> City <u>New York</u> State <u>New York</u> ZIP Code + 4 <u>10010</u>
5. Position in labor organization. <u>President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Rocco Miranti

On

8-15-05

Date

212-889-8180

Telephone Number

Name	File Number U-
Billing <u>Rocco Miranti</u>	
B. Had an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any). Name <u>National Labor Management Conference</u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u>PO Box 461</u> Street <u></u> City <u>Northport</u> State <u>New York</u> ZIP Code + 4 <u>11268</u>	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <u>Sick Benefit Fund</u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>147 East 26th Street</u> City <u>New York</u> State <u>New York</u> ZIP Code + 4 <u>10010</u>	11.a. Nature of such dealing. <u></u> 11.b. Approximate dollar value of such dealing. <u></u> 12.a. Nature of interest held or income received. <u>Attended Educational Conference, 2/04</u> <u>cost includes registration fees, hotel</u> <u>and meals</u> 12.b. Amount. <u>3,209</u>

Name

Billing Rocco Miranti

File Number U-

B. Had an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name American Alliance Conference, Ltd.Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 258 Saw Mill River RoadCity ElmsfordState New York ZIP Code + 4 10523

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Sick Benefit FundTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 147 East 26th StreetCity New YorkState New York ZIP Code + 4 10010

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Attended Educational Conference, 10/04
Cost included registration fees, hotel and meals

12.b. Amount.

✓ 3,890

C. Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name

Billing

Rocco Miranti

File Number U-

B. Had an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Fleet BankTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 1185 Avenue of the AmericasCity New YorkState New York ZIP Code + 4 10036

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Local 223 Benefit FundsTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 147 East 26th StreetCity New YorkState New York ZIP Code + 4 10010

11.a. Nature of such dealing.

Custodian bank

11.b. Approximate dollar value of such dealing.

\$13,896

12.a. Nature of interest held or income received.

Dividend 2/04estimated cost

12.b. Amount.

\$100

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name

Filing

Rocco Miranti

File Number U-

B. Had an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Barnes Taccarino, Virginia, EsqTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 3 Surrey LaneCity HempsteadState New York ZIP Code + 4 11550

9. Business deals with:

☒ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

11.a. Nature of such dealing.

Provider of Legal Services.

11.b. Approximate dollar value of such dealing.

\$56,700

12.a. Nature of interest held or income received.

Dinner 10/8/04estimated cost

12.b. Amount.

\$120

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name

Filing

Rocco Miranti

File Number U-

B. Had an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Buchbinder Tunick + CompanyTrade Name, if any: P.O. Box, Bldg., Room No., if any Street One Pennsylvania PlazaCity New YorkState New York ZIP Code + 4 10119

9. Business deals with:

- ☒ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Local 223 Benefit FundsTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 147 East 26th StreetCity New YorkState New York ZIP Code + 4 10010

11.a. Nature of such dealing.

Provider of Auditing Services
to the Fund + Labor Union

11.b. Approximate dollar value of such dealing.

73,000

12.a. Nature of interest held or income received.

Dinner 11/04

estimated cost

12.b. Amount.

\$125

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name

Billing Rocco Miranti

File Number U-

B. Had an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name See Attached

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Local 223 Benefit Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 147 East 26th StreetCity New YorkState New York ZIP Code + 4 10010

11.a. Nature of such dealing.

See attached.

11.b. Approximate dollar value of such dealing.

21,000

12.a. Nature of interest held or income received.

Dinner 2/15/04

12.b. Amount.

\$125

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Rocco Miranti
Attachment to LM 30

Part B, Item 8

Syntonic
80 Eighth Avenue
New York, New York 10011

Union Benefit Planners, Inc
120 Eagle Rock Ave
East Hanover, New Jersey 07964

Perfect Forms & Systems
34 East Main Street
Smithtown, New York 11787

Armao, Costa & Ricciardi
76 South Central Ave.
Valley Stream, New York 11580

Part 11a.

Provides Computer Services
\$12,000 (item 11b)

N/A

Provides Printing for
Labor Union & Benefit Funds
\$9,000 (item 11b)

N/A